NEW HAVEN UNIFIED SCHOOL DISTRICT
ABSENCE CERTIFICATE FOR CERTIFICATED PERSONNEL

PRINT NAME_____ **SS#** (Last 4 digits) __ __ __ __ **DATE**_____
(This form must be submitted to your supervisor within seventy-two (72) hours after you return to work)

I hereby submit a statement of my absence from work on (**SPECIFY DATE/S**)_____
for _____ day/s, or _____(hours/s) if portion of day, for the reason checked below.

[ ] **PERSONAL ILLNESS, DOCTOR OR INJURY**. Article 10.1. District may require verification.

[ ] **FAMILY ILLNESS - Article 10.10** (10.3 days, or prorated, per year for illness of unit member's child, parent, spouse or domestic partner)

[ ] **PERSONAL NECESSITY**. Article 10.3. State specific reason. _____

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[ ] **JURY DUTY**. Article 10.8. Notice of Appearance from court office (whether selected or not) and reimbursement of jury pay to district (less mileage) is required.

[ ] **BEREAVEMENT**. Article 10.7. State relationship_____
[ ] Traveled beyond a radius of 250 miles

[ ] **INDUSTRIAL ACCIDENT.** Article 10.5. Please explain_____

_____

[ ] **SCHOOL BUSINESS**. Please explain_____

_____

[ ] **OTHER REASON**. Will be deducted from pay if paid leave is not provided for. Please describe.

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_____

Employee Signature_____ Date_____

Approved By Principal/Supervisor_____ Date_____

NOTE: Refer to **Article 10 - Leaves** in the current New Haven Teachers Association-New Haven Unified School District Contract for additional information on the above.

Copy 1: Payroll Copy 2: Supervisor Copy 3: Employee